

3052

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) LENGTH OF STAY
 TOWN Princess Anne (in this place) 6 mo.
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
 CITY (If outside corporate limits, write RURAL and give nearest town) OR
 TOWN Kingston STREET ADDRESS (If rural give location)

3. NAME OF DECEASED:

(First) (Middle) (Last) 4. DATE OF DEATH: (Month) (Day) (Year)
 (Type or Print) Enoch Olden Barnes March 28, 1955

5. SEX:

6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
 Male White (Specify): Widowed Aug. 3, 1878 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Kingston, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

Parker Barnes

14. MOTHER'S MAIDEN NAME: Marcella Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-16-1976

17. INFORMANT & ADDRESS:

Mrs. H. L. Griffin - Route 1 - Princess Anne,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a) DUE TO

Coronary Thrombosis

MD.
Interval Between
Onset, And Death
5 hrs.

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

Hypertensive Cardio Vascular Disease

3 years

(c) DUE TO

Uremia

2 weeks.

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Acute Urinary Retention

6 weeks.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes No

21. ACCIDENT (Specify)
SUICIDE
HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

Princess Anne Somerset Md.

TIME (Month) (Day) (Year) (Hour)
OF INJURY

INJURY OCCURRED
While at Work Not While At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1955, to May 28, 1955, that I last saw the deceased

alive on Mar 26 1955, and that death occurred at 9:00 AM, from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED
 B. G. Gandy, Gigante, Md. 20 Prince William St. Princess Anne 3/28/55

23. BURIAL, CREMATION, DATE THEREOF
REMOVAL (Specify)
Burial

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

Rehobeth Presbyterian Cem. Rehobeth, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/28/55 A. S. Johnson, M.D.

Brashaw & Sons - 531 Main St. - Canfield, Md.

RECEIVED

BUREAU V. S.

MAR 30 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03031

3953

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Pocomoke		LENGTH OF STAY (in this place) Life	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD		STREET ADDRESS RFD	
3. NAME OF DECEASED: (Type or Print) OLIVER		(First) OLIVER (Middle) PITTMAN (Last) CAREY	
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLED, MARRIED, WIDOWED, DIVORCED (Specify): Married		8. DATE OF BIRTH: Nov 15, 1896	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	
13. FATHER'S NAME: J. Lee Carey		14. MOTHER'S MAIDEN NAME: Martha Ellen Townsend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mrs. Louise M. Carey, Pocomoke, Md.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE Cerebral Hemorrhage ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Cerebral Atherosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial decompensation Chorony artery block disease 1 yr			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 24, 1954 , to Mar. 13, 1955 that I last saw the deceased alive on Mar. 13, 1955 , and that death occurred at M. from the causes and on the date stated above. SIGNATURE <i>Alfred J. L. L.</i> ADDRESS ADDRESS DATE SIGNED DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial		DATE THEREOF 3/18/55 NAME OF CEMETERY OR CREMATORIUM Baptist Cemetery LOCATION (City, town, or county) Pocomoke, Md. (State)	
DATE REC'D. BY LOCAL REGISTRAR 3/19/55		REGISTRAR'S SIGNATURE <i>Mrs. Ovile Bogman</i>	
24. FUNERAL DIRECTOR		ADDRESS	
		Henry H. Watson, Pocomoke, Md.	

RECEIVED

MAR 22 1965

BUREAU V. S.

3946 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Somerset MARYLAND		STATE		Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		Crisfield LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Crisfield 39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		810 W. Main St.		STREET ADDRESS		(If rural give location) 810 W. Main St.	
3. NAME OF DECEASED: (Type or Print)		(First) JOHN	(Middle) WILLIAM	(Last) CARMAN	4. DATE OF DEATH: March 3 1955		
5. SEX:		6. COLOR OR RACE: male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: May 1, 1891	9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) waterman			10b. KIND OF BUSINESS OR INDUSTRY: for himself	11. BIRTHPLACE (State or foreign country): Crisfield, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: James Carman				14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO.: 220-09-1293	17. INFORMANT & ADDRESS: Richardson Ave. Charles L. Carman—Crisfield, Md.		
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> Immediate cause (a) <u>Coronary Thrombosis</u> Interval Between DUE TO Onset And Death 6 hrs. Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) stating the underlying cause last. DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY		(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from 1950, to March 3, 1955, that I last saw the deceased alive on <u>Mar. 3</u> , 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above. SIGNATURE <u>W. Carney M.A.</u> ADDRESS <u>Crisfield, Md.</u> DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
burial		March 5, 1955		American Legion Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
3-5-55		<u>Betty W. Tyler</u>		Bradshaw & Sons—Crisfield, Md.			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 7 1955

RECEIVED

3047

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Somerset MARYLAND		STATE		Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	TOWN	CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
39 Crisfield		25 years	TOWN	39 Crisfield		39 Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		08 157 S. 4th St.		STREET ADDRESS		(If rural give location)	
3. NAME OF DECEASED: (Type or Print)		(First) CHARLOTTE	(Middle) PERINTHA	(Last) DOUGLAS	4. DATE OF DEATH:		(Month) March 13 (Year) 1955
5. SEX:		6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH:	9. AGE last birthday:		IF UNDER 1 YEAR IF UNDER 24 HRS.
female		colored		November 4, 1907	47 yrs.		Months Days Hours Min.
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired): laborer			10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
			Seafood Industry	Chester, Penna.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Walter Brown				Della Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS:			
no		213-10-7270		Lincoln Douglas--157 S. 4th St.-Crisfield, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) Coronary occlusion DUE TO							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?			
m.							
22. I hereby certify that I attended the deceased from Mar. 13, 1955, to Mar. 13, 1955, that I last saw the deceased alive on Mar. 13, 1955, and that death occurred at 7:30 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED							
Crawley, Md.							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county)		(State)
burial		March 18, 1955	Lawsonia Cemetery		Crisfield, Md.		
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
3/18/55		Betty W. Tyler		Bradshaw & Sons-531 Main St.-Crisfield, Md.			

BUREAU V. S.

MAR 21 1955

RECEIVED

3048 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		39 Crisfield	
39		30 years		Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
50 Chesapeake Ave.				(If rural give location)			
3. NAME OF DECEASED: (Type or Print)		(First) ELLA	(Middle) BOND	(Last) EVANS	4. DATE OF DEATH: March 29 1955		
5. SEX: female		6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: March 5, 1887	9. AGE last birthday: 68 yrs.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife		10b. KIND OF BUSINESS OR INDUSTRY: Domestic		11. BIRTHPLACE (State or foreign country): Holland's Island, Md.			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: McKinley Walters				14. MOTHER'S MAIDEN NAME: Amanda Pruitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.: —		17. INFORMANT & ADDRESS: 50 Chesapeake Ave. William L. Evans-- Crisfield, Md.			
no							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1</i> Immediate cause (a) <i>Coronary infarction of myocardium, recurrent</i> Interval Between Antecedent causes (s) (b) Onset And Death Diseases or conditions, if any, (c) giving rise to the above cause stating the underlying cause last. DUE TO 2 years							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY							
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY			m.				
22. I hereby certify that I attended the deceased from <i>Mar. 22, 1955</i> , to <i>Mar. 29, 1955</i> , that I last saw the deceased alive on <i>Mar. 28, 1955</i> , and that death occurred at <i>5:00 a.m.</i> , from the causes and on the date stated above. SIGNATURE <i>Robert F. Lewis M.D.</i> ADDRESS <i>Crisfield, Md.</i> DATE SIGNED <i>Mar. 29, 1955</i>							
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF Mar. 31, 1955		NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery	LOCATION (City, town, or county) Crisfield, Md. (State)		
DATE REC'D BY LOCAL REGISTRAR 3/31/55		REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>		24. FUNERAL DIRECTOR Bradshaw & Sons—531 Main St.—Crisfield, Md.			ADDRESS

BUREAU V. S.

APR 4 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3036

3054

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Somerset COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: Md. STATE Somerset COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Pocomoke		LENGTH OF STAY (in this place) 1 year	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD, Route 13		CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke	
STREET ADDRESS		Highway (give location) RFD, Route 13	
3. NAME OF DECEASED: (First) (Type or Print) JOHN		(Middle) (Last) HAYDUCHOK	
4. DATE (Month) OF DEATH: March 22,		(Day) (Year) 1955	
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married		8. DATE OF BIRTH: Feb 14, 1919	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney		10B. KIND OF BUSINESS OR INDUSTRY: Law	
11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Michael Hayduchok		14. MOTHER'S MAIDEN NAME: Susan Fitz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. WWII 211-24-8669	
17. INFORMANT & ADDRESS: Cecilia Hayduchok, Pocomoke, Md.		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 151X IMMEDIATE CAUSE Cancer of the Stomach DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH Approx 6 mo	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 13, 1954, to Mar. 22, 1955, that I last saw the deceased alive on Mar. 22, 1955, and that death occurred at 3:50 a.m. SIGNATURE Charles W. Trader, M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3/24/55 NAME OF CEMETERY OR CREMATORIAL Presbyterian Cemetery LOCATION (City, town, or county) (State) Pocomoke, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/23/55		REGISTRAR'S SIGNATURE Mrs. Berelle Bognay ADDRESS	
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.		ADDRESS	

RECEIVED
MAR 28 1933
BUREAU V. S.

03037

MARYLAND

3055

CERTIFICATE OF DEATH

STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY SOMERSET			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN DAMES QUARTER			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAMES QUARTER		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First) KISIAH	(Middle)	(Last) HAYWARD	4. DATE OF DEATH	(Month) 3 (Day) 31 (Year) 1955
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED (Specify) WIDOWED	8. DATE OF BIRTH ?	9. AGE last birthday 77 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIRED			10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (State or foreign country) DAMES QUARTER, MD.	
13. FATHER'S NAME ROBERT WILSON			12. CITIZEN OF WHAT COUNTRY? USA.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY No. 16. SOCIAL SECURITY No.		
17. INFORMANT AND ADDRESS MINERVA ELZY-DAMES QUARTER, MD.			18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2
Immediate cause

(a).....

Chronic myocarditis

6 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b).....

Chronic bronchitis

2 years

(c).....

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug 10, 1950, to March 30, 1955, that I last saw the deceased

alive on March 30, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS DATE SIGNED

4-1-55

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 4/3/55	NAME OF CEMETERY OR CREMATORIAL MACEDONIA	LOCATION (City, town, or county) DAMES QUARTER, MD.	(State)
DATE REC'D BY LOCAL REG. 4/1/55	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR William H. James, Jr., Princess Anne, MD	ADDRESS	

RECEIVED
BUREAU V. S.

APR 4 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 260

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Dames QuarterLENGTH OF STAY
(in this place)
all lifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY SomersetCITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Dames QuarterSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)(First) George (Middle) T (Last) Jones4. DATE
OF
DEATH March 12, 19555. SEX: Male6. COLOR OR
RACE: Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Married8. DATE OF BIRTH: March 22, 188410a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired) Farmer10b. KIND OF BUSINESS OR
INDUSTRY: Horning11. BIRTHPLACE (State or foreign country): Dames Quarter, Md12. CITIZEN OF WHAT
COUNTRY? U.S.A.13. FATHER'S NAME: George W. Jones14. MOTHER'S MAIDEN NAME: Mary Jane Roberts15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) Yes (If Yes, give war or dates of
service)16. SOCIAL SECURITY NO.: 174-70-700017. INFORMANT & ADDRESS: Weslie Jones - Dames Quarter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592
Immediate cause Acute coronary heart disease

(a) DUE TO

Antecedent cause(s)

Chronic NephritisDiseases or conditions, if any, (b) giving rise to the above cause
stating underlying cause last
DUE TO

(c)

Nephritis ToxemiaINTERVAL BETWEEN
ONSET AND DEATH
1 yearII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)21c. (City or town) Bladensburg

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE R. S. JohnsonCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
May 15-5523. BURIAL, CREMATION,
REMOVAL (Specify) BurialDATE REC'D BY LOCAL
REG. 3/15/55DATE THEREOF 3/16/55 NAME OF CEMETERY OR CREMATORIAL Macedon LOCATION (City, town or county) Bladensburg (State) Md.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR R. S. Johnson, M. D. ADDRESS W. Carroll St. Jones Jr. Funeral Home

RECEIVED
MAR 18 1955
BUREAU OF INVESTIGATION, FEDERAL BUREAU OF INVESTIGATION, U.S. DEPARTMENT OF JUSTICE

RECEIVED
MAR 18 1955
BUREAU OF INVESTIGATION, FEDERAL BUREAU OF INVESTIGATION, U.S. DEPARTMENT OF JUSTICE

3057

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <i>Somerset</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md</i> COUNTY <i>Somerset</i>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Princess Anne</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Rural Princess Anne</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS <i>(If rural give location)</i>			
3. NAME OF DECEASED: (Type or Print)	(First) <i>Susie</i>	(Middle) <i>M.</i>	(Last) <i>Larmore</i>		
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, (Specify): <i>WIDOWED</i>	8. DATE OF BIRTH: <i>Jan 2 1867</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Southern wife</i>	10B. KIND OF BUSINESS OR INDUSTRY: <i></i>	9. AGE last birthday <i>88 yrs.</i>	11. BIRTHPLACE (State or foreign country): <i>Md</i>		
13. FATHER'S NAME: <i>W. L. Jones</i>	14. MOTHER'S MAIDEN NAME: <i>Sally Ann Murray</i>	12. CITIZEN OF WHAT COUNTRY: <i>U.S.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT & ADDRESS: <i>Miss Eddie Larmore Princess Anne</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>450.0</i>		18. MEDICAL CERTIFICATION IMMEDIATE CAUSE <i>Congestive heart failure</i>			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO <i>arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>		
		(B) DUE TO <i></i>	? year		
		(C) <i></i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		<i>Inanition-dehydration</i>			
19A. DATE OF OPERATION: <i></i>	19B. MAJOR FINDINGS OF OPERATION: <i></i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <i></i>	21C. WHERE DID (City or town) INJURY OCCUR? <i></i>	(County) <i></i>	(State) <i></i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i></i>			
22. I hereby certify that I attended the deceased from <i>1-1</i> , 19 <i>53</i> to <i>2-22</i> , 19 <i>55</i> that I last saw the deceased alive on <i>2-22</i> 19 <i>55</i> and that death occurred at <i>3:30 P.M.</i> from the causes and on the date stated above.					
SIGNATURE <i>Geo M. Plummer</i> ADDRESS <i>M. D.</i> DATE SIGNED <i>3-14-55</i>					
23. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	DATE THEREOF <i>May 12 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>John Wesley Cemetery</i>	LOCATION (City, town, or county) <i>Mt Vernon</i>	(State) <i>Md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>3/15/55</i>	REGISTRAR'S SIGNATURE <i>R. H. Granger, M. D.</i>	24. FUNERAL DIRECTOR <i>James Plummer Princess Anne</i>	ADDRESS <i>Md</i>		

BUREAU V. S.

MAR 16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803040
3058 CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 8, Film G179 3-23-55 et

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Somerset	STATE	Md.
CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND	COUNTY	Som.
TOWN	Princess Anne	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Mt Vernon
HOSPITAL OR INSTITUTION OR STREET ADDRESS	2 months	STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED: (Type or Print)		(First)	(Middle)
Mystie L. Murray		(Last)	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH: 1890. AGE last birthday Nov 15 1891 64 yrs.
Female white married			IF UNDER 1 YEAR Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland
Housewife			12. CITIZEN OF WHAT COUNTRY? d.s.
13. FATHER'S NAME: John W. Huston		14. MOTHER'S MAIDEN NAME: Ella Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: Roy Alder Princess Anne Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) DUE TO myocardial infarct			
ANTECEDENT CAUSE (S) (B) DUE TO arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension ? years			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR? (County)		(State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-17-1954 to 2-28-1955, that I last saw the deceased alive on 2-28-1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above. SIGNATURE: Mrs M. W. Huston ADDRESS: 816 E. Main St. DATE SIGNED: 3-16-55			
23. BURIAL, CREMATION, REMOVAL—(SPECIFY) burial		DATE THEREOF 3/17/55 NAME OF CEMETERY OR CREMATORIAL Fisbury Cemetery	
DATE REC'D BY LOCAL REGISTRAR 3/18/55		LOCATION (City, town, or county) (State) Mt Vernon Md.	
REGISTRAR'S SIGNATURE: R. J. Huston M.D.		24. FUNERAL DIRECTOR ADDRESS: James H. Huston M.D. Princess Anne Md.	

RECEIVED
BUREAU V. S.

APR 21 1955

3049

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset CITY (If outside corporate limits, write RURAL OR and give nearest town) Crisfield TOWN				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield			
3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) ROBERT (Last) NELSON				4. DATE OF DEATH: (Month) March (Day) 13 (Year) 55			
5. SEX: male		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married		8. DATE OF BIRTH: Aug. 12, 1908	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): contractor				10b. KIND OF BUSINESS OR INDUSTRY: Building		11. BIRTHPLACE (State or foreign country): Crisfield, Md.	
13. FATHER'S NAME: Alonzo W. Nelson				12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO.: WW II		17. INFORMANT & ADDRESS: Alonzo W. Nelson—Lawsonia—Crisfield, Md.			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) DUE TO <i>Arterio Sclerosis</i> Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) DUE TO <i>Arterio Sclerosis</i> stating the underlying cause last. (c) <i>None Known</i>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION <i>None Known</i>					
21. ACCIDENT SUICIDE HOMICIDE No		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) <i>William H. Coulbourn, M.D.</i>			
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Dec 1954</i>		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? <i>For Somerset County, Md.</i>			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased <i>He was dead before I was called</i> from the causes and on the date stated above. alive on 19, and that death occurred at <i>Wm. H. Coulbourn, Md.</i> ADDRESS SIGNATURE (Degree or title) <i>Briscfield, Md.</i> DATE SIGNED <i>3/14/1955</i>							
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF Mar. 15, 1955		NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR <i>3/15/55</i>		REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>		24. FUNERAL DIRECTOR Bradshaw & Sons		ADDRESS Crisfield, Md.	

BUREAU V. S.

MAR 17 1955

RECEIVED

3050 CERTIFICATE OF DEATH

Reg. Dist. No. 265.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Crisfield</u>		MARYLAND LENGTH OF STAY (in this place) <u>1 day</u> STATE <u>Md</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u> STREET ADDRESS <u>Collins St.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		<u>39</u>	
3. NAME OF DECEASED: (Type or Print) <u>Thomas Jerome Peyton</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>March 28 1955</u>	
5. SEX: <u>M</u> 6. COLOR OR RACE: <u>Col. W</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>S</u> 8. DATE OF BIRTH: <u>March 27, 1958</u>		9. AGE last birthday IF UNDER 1 YEAR yrs. <u>1</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. FATHER'S NAME: <u>Aaron James Peyton</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) <u>2.</u>		14. MOTHER'S MAIDEN NAME: <u>Rosa May Waters</u>	
15. SOCIAL SECURITY NO. <u>2</u>		16. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
17. INFORMANT & ADDRESS: <u>Rose Waters Peyton</u>		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>762.5</u> IMMEDIATE CAUSE <u>Atelectasis</u> DUE TO ANTECEDENT CAUSE (S) <u>Prematurity</u> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
19A. DATE OF OPERATION: <u>19B. MAJOR FINDINGS OF OPERATION</u>		19C. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>21C. WHERE DID (City or town) INJURY OCCUR?</u> (County) <u>Md</u> (State) <u>Md</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? <u>59</u>	
22. I hereby certify that I attended the deceased from <u>Mar. 28, 1955</u> to <u>Mar. 28, 1955</u> , that I last saw the deceased alive on <u>Mar. 28, 1955</u> ; and that death occurred at <u>59</u> : M, from the causes and on the date stated above. SIGNATURE <u>Thomas J. Peyton</u> ADDRESS <u>301 Collins St., Crisfield, Md.</u> DATE SIGNED <u>March 28, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3-29-55</u> NAME OF CEMETERY OR CREMATORIAL <u>Fairmount Cemetery</u> LOCATION (City, town, or county) <u>Hancock, Maryland</u> (State)	
DATE REC'D BY LOCAL REGISTRAR <u>3-29-55</u>		24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u> ADDRESS <u>Aaron James Peyton, Crisfield, Md.</u>	

BUREAU V. S.

APR 4 1955

RECEIVED

3959

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY		Somerset MARYLAND		STATE Maryland		COUNTY Somerset		
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)				
TOWN		Crisfield	lifetime	TOWN		Crisfield		
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS				
R.F.D. Mariners Section				(If rural give location)				
3. NAME OF DECEASED: (Type or Print)		(First) CHARLES	(Middle) FLEMING	(Last) PRUITT	4. DATE OF DEATH: March 6 1955			
5. SEX:		S. COLOR OR RACE: male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed	8. DATE OF BIRTH: March 30, 1868	9. AGE last birthday: If UNDER 1 YEAR Months Days Hours Min. 86 yrs.			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): carpenter				10b. KIND OF BUSINESS OR INDUSTRY: self-employed	11. BIRTHPLACE (State or foreign country): Crisfield, Md.			
12. CITIZEN OF WHAT COUNTRY?: USA								
13. FATHER'S NAME: John Pruitt				14. MOTHER'S MAIDEN NAME: Elizabeth Johnson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: none		17. INFORMANT & ADDRESS: R.F.D. Mariners Section Crisfield, Md.		
18. MEDICAL CERTIFICATION								
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 Immediate cause (a) Arteriosclerotic Heart Disease DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Fibrosis DUE TO (c)								
Interval Between Onset And Death 2 wks 12 mo								
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? ADDRESS			
22. I hereby certify that I attended the deceased from Mar. 2, 1955, to March 6, 1955, that I last saw the deceased alive on Mar. 4, 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED John M. Johnson M.A. Crisfield, Md. 3/2/55								
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF Mar. 8, 1955		NAME OF CEMETERY OR CREMATORIUM Private Family Cemetery		LOCATION (City, town, or county) Crisfield R.F.D., Md.		(State)
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE 3/8/55 Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons—Crisfield, Md.		ADDRESS		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 10 1955
BUREAU U. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 265

3^51

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY 39	Somerset	MARYLAND	STATE Maryland		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		LENGTH OF STAY (in this place)	COUNTY Somerset		
Crisfield		70 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08		STREET ADDRESS (If rural give location) 1 Mariners Section			
3. NAME OF DECEASED: (Type or Print)		(First) DANIEL	(Middle) EDWARD		
4. DATE OF DEATH:		(Month) March	(Day) 10		
5. SEX: male		6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed		
8. DATE OF BIRTH: July 9, 1872		9. AGE last birthday: IF UNDER 1 YEAR 82 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) <u>foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY: Seafood Packing	11. BIRTHPLACE (State or foreign country): near Cambridge, Md.		
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: John H. Shehee			
14. MOTHER'S MAIDEN NAME: Priscilla Travis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u> —			
16. SOCIAL SECURITY NO.: —		17. INFORMANT & ADDRESS: Mariners Section Mrs. William M. Diggs, - Crisfield, Md.			
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>442X</u> Immediate cause (a) <u>Uremia</u> DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>Chronic nephritis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> DUE TO <u>Senility</u> Interval Between Onset And Death <u>2 days</u> <u>few years</u> <u>few years</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?
22. I hereby certify that I attended the deceased from <u>Feb. 13, 1955</u> , to <u>Mar. 10, 1955</u> , that I last saw the deceased alive on <u>Mar. 10, 1955</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above. SIGNATURE <u>A. N. Ban, M.D.</u> (Degree or title) <u>ADDRESS</u> <u>DATE SIGNED</u> <u>March 13, 1955</u>					
23. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		DATE THEREOF <u>March 12, 1955</u>	NAME OF CEMETERY OR CREMATORIUM <u>Crisfield Cemetery</u>	LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3/15/55</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons-531 Main St-Crisfield, Md.		

BUREAU Y. S.

MAR 17 1955

RECEIVED

3060

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

COUNTY

Som.

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN Pr. Anne Rt #3LENGTH OF STAY
(in this place)

30 min.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Bapt

Bapt 41

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Wayman Spence

4. SEX:
RACE:

m

col

6. COLOR OR
7. SINGLE, MARRIED,
RACE: WIDOWED, DIVORCED.
(Specify): Single10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):10B. KIND OF BUSINESS
OR INDUSTRY: Infant

13. FATHER'S NAME:

Warren Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

16. SOCIAL SECURITY NO.

None

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

IMMEDIATE CAUSE

(A) Arthritis

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.Arthritis

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH

few minutes

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?
YES NO 22. I hereby certify that I attended the deceased from after 10:00, 1955, that I last saw the deceased
alive on 19, 1955, and that death occurred at 2:50 P.M. from the causes and on the date stated above.
SIGNATURE R. Johnson, M.D. ADDRESS M. D. Bureau Anne Rd April 5-1955 DATE SIGNED23. BURIAL, CREMATION,
REMOVAL (SPECIFY)
BurialDATE THEREOF
3/30/55NAME OF CEMETERY OR CREMATORIY
Family Cem. in VentonLOCATION (City, town, or county) (State)
Rt. 3 - Pr. Anne, SomersetDATE REC'D BY LOCAL
REGISTRAR
3/30/55REGISTRAR'S SIGNATURE
R. Johnson, M.D.

24. FUNERAL DIRECTOR

Warren Spence -Rt. 3- Pr. Anne, Md.

4135308250

BUREAU V. S.

APR 6 1955

RECEIVED

3061

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (Rural) LENGTH OF STAY (in this place) 93 yrs.			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield (If rural give location) Asbury Section		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Section			STREET ADDRESS		
3. NAME OF DECEASED: (First) Albert (Middle) Wesley (Last) Sterling			4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1955		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: April 3, 1861	9. AGE last birthday: 93 IF UNDER 1 YEAR 11 IF UNDER 24 HRS. yrs. 11 Months 14 Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Net cutter Webb Packing Co.			10b. KIND OF BUSINESS OR INDUSTRY: Crisfield, Md.		
11. BIRTHPLACE (State or foreign country): Crisfield, Md.			12. CITIZEN OF WHAT COUNTRY? J.S.A.		
13. FATHER'S NAME: John Nelson Sterling			14. MOTHER'S MAIDEN NAME: Harriett B. Lawson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: Miss. Mary Sterling, Crisfield, Md.	
18. MEDICAL CERTIFICATION Interval Between Onset And Death					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X Immediate cause (a) Cerebral thrombosis with hemiplegia 2 wks. DUE TO Antecedent causes (s) (b) left side Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) Senile arterio-sclerosis DUE TO years.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS	
22. I hereby certify that I attended the deceased from July 1952 , to 3-16 1955 , that I last saw the deceased alive on 3-16 1955 , and that death occurred at 10:30 PM ; from the causes and on the date stated above. SIGNATURE Betty W. Tyler ADDRESS Crisfield, Md. DATE SIGNED 10-10-55					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF March 20, 1955		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Asbury Cemetery Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAR 21 1955

RECEIVED

3062

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset MARYLAND		STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL or and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS 39	
3. NAME OF DECEASED: (First) Katie (Middle) Sue (Last) Tawes		4. DATE OF DEATH: March 14, 1955	
5. SEX: Female		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Infant		8. DATE OF BIRTH: March 14, 1955	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	
10c. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Elwath Webb Tawes		14. MOTHER'S MAIDEN NAME: Catherine Scott Alanson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No		16. SOCIAL SECURITY NO.: None 17. INFORMANT & ADDRESS: Elwath W.H. Tawes, Crisfield, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 774X Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the <u>underlying cause</u> last. (a) DUE TO premature separation of placenta 10 days (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/> HOW DID INJURY OCCUR? 11 hours	
22. I hereby certify that I attended the deceased from 19 to Mar. 14, 1955 , that I last saw the deceased alive on Mar. 14, 1955 , and that death occurred at 10:25 P.M. from the causes and on the date stated above. SIGNATURE (Degree & title) George C. Lorrellin M.D. ADDRESS Marion Sta. Md. DATE SIGNED 3-15-55			
23. BURIAL, CREMATION, (Specify) Burial		DATE THEREOF March 15, 1955 NAME OF CEMETERY OR CREMATORIAL Crisfield LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 3-15-55		REGISTRAR'S SIGNATURE Nellie D. Payne FUNERAL DIRECTOR Burward Q. Covington, Crisfield, Md. ADDRESS	

BUREAU V. S.

MAR 21 1965

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